

5/19/08  
5

**TOWN OF ACTON**  
472 Main Street  
Acton, Massachusetts, 01720  
Telephone (978) 264-9612  
Fax (978) 264-9630

**Steven L. Ledoux**  
**Town Manager**

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April 28, 2009

The Acton Beacon:  
Atten: Barbara

Please place the following Legal **Notice** in the Thursday, May 7<sup>th</sup> edition of the Acton Beacon in the Legal Section. *Please send bill to:*

Geraldo Miranda  
60 Prospect Street  
Acton, MA 01720  
(978-430-1964)

Very truly yours,

Christine M. Joyce  
Town Manager's Office

**Please confirm receipt to: Christine [cjoyce@acton-ma.gov](mailto:cjoyce@acton-ma.gov)**

**Town of Acton**  
**Notice of Hearing**

The Board of Selectmen of the Town of Acton will hold a public hearing in the Francis Faulkner Room in the Town Hall on May 18, 2009, at 7:35 p.m. under Section 140 of the Mass General Laws on the application of Geraldo Miranda, d/b/a Daniela's Cantina, for a Common Victualler License at 5 Nagog Park, Store 103, Acton, MA 01720

Application is on file in the Selectmen's Office and may be viewed during normal working hours.

**ACTON BOARD OF SELECTMEN**

**Town of Acton**  
**Notice of Hearing**

Notice is hereby given under Chapter 138 of the General Laws, that the Board of Selectmen will hold a hearing in the Francis Faulkner Room in the Acton Town Hall on May 18, 2009 at 7:40 P.M. on the application of Geraldo Miranda, d/b/a/ Daniela's Cantina, President and Manager, for the Change of location of an All Alcoholic Restaurant License from 208B Main Street to 5 Nagog Park, Store 103 Nagog Square, Acton, MA 01720.

Application is on file in the Selectmen's Office and may be viewed during normal working hours.

**ACTON BOARD OF SELECTMEN**

**TOWN OF ACTON**  
472 Main Street  
Acton, Massachusetts, 01720  
Telephone (978) 264-9612  
Fax (978) 264-9630

**Steven L. Ledoux**  
**Town Manager**

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April 30, 2009

Geraldo Miranda  
60 Prospect Street  
Acton, MA 01720

Dear Mr. Miranda:

Enclosed please find a copy of advertisement to appear in the Acton Beacon on Thursday, May 7, 2009, at your expense.

**Please note that a floor plan either hand drawn or professionally drawn will need to be submitted as soon as possible. ABCC requires this floor plan with all re-locations. Please forward this to me by the middle of next week for inclusion in the materials for ABCC and Staff reviews.**

The ABCC requires the time and date of such hearing for a change of Location of a liquor license be placed in the local newspaper, and that you notify abutters-. Your hearing is scheduled for May 18, 2009 7:35 & 7:40 P.M. in Room 204 of the Acton Town Hall. If you have any questions prior to that date, please feel free to call me at 264-9612.

Very truly yours,

Christine M. Joyce  
Town Manager's Office

cc: File  
{blankabc.Doc.}

# **Town Manager's Office**

## **INTERDEPARTMENTAL COMMUNICATION**

**Date:** 04/30/09

**To:** Board of Health, Building Comm., Police & Fire Chiefs, Tax Collector

**From:** *Christine Joyce, Town Manager's Office*

**Subject:**     **Change of Location – Daniella's Cantina**  
                  **From 208B, Main Street to 5 Nagog Park, store 103 Nagog Square**

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Enclosed please find a copy of the application for a change of location and new Common Victualler license submitted for your comment and review.

The public hearing is scheduled for 7:35 & 7:40 on May 18, 2009

{blankabc.Doc.}

## Christine Joyce

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**From:** Frank Widmayer  
**Sent:** Tuesday, May 05, 2009 11:24 AM  
**To:** Christine Joyce  
**Subject:** Daniela's TacoRito

I have no objection to the transfer of the license to the new location.

Frank J. Widmayer III  
Chief of Police  
(978) 263-2911

-----Original Message-----

**From:** Christine Joyce  
**Sent:** Thursday, April 30, 2009 2:53 PM  
**To:** Sheryl Ball; Linda Sluyski; Frank Widmayer; Robert Craig; Kevin Lyons; Frank Ramsbottom  
**Subject:** FW: Scan from a Xerox WorkCentre

Comments Please

-----Original Message-----

**From:** ATH-MGR-COPIER@acton-ma.gov [mailto:ATH-MGR-COPIER@acton-ma.gov]  
**Sent:** Thursday, April 30, 2009 3:48 PM  
**To:** Christine Joyce  
**Subject:** Scan from a Xerox WorkCentre

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Attachment File Type: PDF

WorkCentre Location: ATH 2nd floor  
Device Name: ATH-MGR-WC7675

For more information on Xerox products and solutions, please visit <http://www.xerox.com>



**TOWN OF ACTON**  
**Health Department**  
472 Main Street  
Acton, Massachusetts, 01720  
Telephone (978) 264-9634  
Fax (978) 264-9630

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May 1, 2009

TO: Christine Joyce, Town Manager's Office

FROM: Sheryl Ball, Health Inspector *SB*

RE: Daniella's Cantina- 5 Nagog Park, Store 103 – Common Victualler's  
License & Change of Location Liquor License

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The Health Department has reviewed the application for a Common Victualler's and Change of Location Liquor License for Daniella's Cantina and has no concerns with the granting of this license.

## Christine Joyce

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**From:** Linda Sluyski  
**Sent:** Thursday, April 30, 2009 4:43 PM  
**To:** Christine Joyce  
**Subject:** RE: Scan from a Xerox WorkCentre

I checked under Daniella's, Tracorito, Geraldo Miranda, and 5 Nagog Park; there are no outstanding taxes due at this time.

-----Original Message-----

From: Christine Joyce  
Sent: Thursday, April 30, 2009 2:53 PM  
To: Sheryl Ball; Linda Sluyski; Frank Widmayer; Robert Craig; Kevin Lyons; Frank Ramsbottom  
Subject: FW: Scan from a Xerox WorkCentre

Comments Please

-----Original Message-----

From: ATH-MGR-COPIER@acton-ma.gov [mailto:ATH-MGR-COPIER@acton-ma.gov]  
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To: Christine Joyce  
Subject: Scan from a Xerox WorkCentre

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Attachment File Type: PDF

WorkCentre Location: ATH 2nd floor  
Device Name: ATH-MGR-WC7675

For more information on Xerox products and solutions, please visit <http://www.xerox.com>

**The Commonwealth of Massachusetts**  
**ALCOHOLIC BEVERAGES CONTROL COMMISSION**

**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE FOR RETAIL SALE**

City/Town: Acton

☐ New License  
☐ Transfer of License

☐ Transfer of Stock  
☐ New Officer/Director

☒ Other Change of Location  
(Specify)

Name to appear on the License: <u>Tracorito, INC</u> <del>DBA</del>	
Business Name (d/b/a), if different: <u>DBA Daniellas Cantina</u>	
Manager of Record: <u>Geraldo Miranda</u>	FID of Licensee: <u>04378752</u> <b>SIGN HERE</b>
Address of Premises; Street: <u>5 Nagog Park, 103 Nagog Square Acton MA</u> Zip Code: <u>01720</u>	
Phone Number of Premises: <u>(978) 266 2777</u>	

2. Type of License: (check only one)

☐ Club  
☐ General On Premise  
☐ Innholder

☐ Package Store  
☒ Restaurant  
☐ Tavern

☐ Veterans Club  
☐ Other \_\_\_\_\_

(Specify)

3. License Category:

☒ All Alcoholic  
☐ Malt only  
☐ Wine and Malt with Cordials Permit

☐ Wine and Malt  
☐ Wine only

4. License Class:

☒ Annual

☐ Seasonal

5. Person (attorney if applicable) who can be contacted concerning this application:

Name: <u>Geraldo Miranda</u>
Address: <u>60 Prospect St Acton MA</u>
Phone Number: <u>(978) 430 1964</u>

6. Give a full and complete description of the premises to be licensed, including location of all entrances and exits:

Unit 103 At 5 Nagog Park Acton - Full Restaurant 3400 Sq ft  
Entrance - Lobby - Dinner Seating - Bathrooms - Office  
Bar to be constructed - Kitchen - Exit from Kitchen

6a.

Seating Capacity:	Occupancy Number:
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7. Applicant is an: ☐ Association  
☐ Partnership

☒ Corporation  
☐ Non-profit Corporation

☐ Individual

8. If Applicant is an Individual or Partnership: List for Individual or each Partner.

Full Name	Home Address	D.O.B.	SSN

8a. Is Individual or are all Partners United States Citizens?

☐ Yes ☐ No

If no, specify citizenship: \_\_\_\_\_

8b. Is Individual or are all Partners involved at least twenty-one years old?

☐ Yes ☐ No

9. If the Applicant is a Corporation, complete the following:

State of Incorporation: <u>MA</u>	Date of Incorporation: <u>2002</u>
Fiscal Year Ends: <u>December</u>	Date qualified to do business in MA: <u>2002</u>

9a. How many Shares of Stock are authorized? 100 How many Shares of Stock are issued? 100

Provide in the box below the names of all Officers, Directors, Stockholders and Manager.

Use \* to indicate Director

Title	Full Name	Home Address	D.O.B.	SSN	Shares of Stock Owned or Controlled
<u>Pres</u>	<u>Geraldo Miranda</u>	<u>60 Prospect St Acton MA</u>			<u>100 %</u>
<u>VPRES</u>	<u>Geraldo Miranda</u>	<u>60 Prospect St Acton MA</u>			<u>—</u>
<u>TREAS</u>	<u>Geraldo Miranda</u>	<u>60 Prospect St Acton MA</u>			<u>—</u>
<u>Clerk/Sec</u>	<u>Geraldo Miranda</u>	<u>60 Prospect St Acton MA</u>			<u>—</u>

9b. Attach a copy of the vote by the Board of Directors appointing a manager or principal representative.

9c. If the Applicant is a Corporation, answer the following questions:

- Are the Majority of Directors United States Citizens? ☒ Yes ☐ No
- Are the Majority of Directors Citizens of Massachusetts? ☒ Yes ☐ No
- Is the Manager or Principal Representative a U.S. Citizen? ☒ Yes ☐ No

10. If the Applicant is an Association, provide in the box below the names of all Association Officers and Members.

Title	Full Name	Home Address	D.O.B.	SSN	Phone Number

11. Will there be any construction, remodeling, redecorating or building on the premises for this license? ☒ Yes ☐ No

(If yes, complete a, b, c, and d)

- Give an exact description of the construction, remodeling, redecorating or building on the premises: install New Carpet  
Repaint walls - re construct original BAR
- What are the estimated costs? 30,000
- What is the construction schedule? June 15 or thereafter approx 60 days length
- State all sources of construction financing: none

12. Do you own the premises? ☐ Yes ☒ No. If yes, please respond to the question below.

- ☐ As an individual ☐ Jointly \_\_\_\_\_ Name of Realty Trust \_\_\_\_\_  
 \_\_\_\_\_ Name of Corporation \_\_\_\_\_  
☐ Other \_\_\_\_\_ (specify) \_\_\_\_\_

(If you do not own the premises to be licensed, provide the following information about the Owner.)

Name: <u>KVANAGOG LLC and Alexizos Nagog LLC</u>	Phone Number: <u>(617) 877 5895</u>
Address: <u>396 Washington St #325 Wellesley MA 02481</u>	

12a. If a lease or rental, provide the following information: \$ 4391.67 per month  
 (month, year, etc.)

Beginning Date of Lease 4-21-09 Ending Date of Lease 4/2019  
 (provide a copy of the lease.)



## FINANCIAL

13. What Assets were purchased and cost? *N/A*

Equipment: \$	Furniture: \$	Goodwill: \$
Inventory: \$	License: \$	Premise: \$

13a.

Total Purchase Price: \$	<i>N/A</i>
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Identify in the box below all sources of financing:

13b. *N/A*

Mortgage: \$	Seller: \$
Cash: \$	Other (specify): \$

Document all sources e.g., (Loan papers, checking accounts, stock sales, etc.)

13c. *N/A*

All other terms and conditions:
(provide purchase and sale documents)

13d. Are you seeking approval for License to be pledged? ☐ Yes ☒ No

If yes, to whom? \_\_\_\_\_

13e. Will the Inventory be pledged? ☐ Yes ☒ No

If yes, specify to whom \_\_\_\_\_

13f. If a Corporation, are you seeking approval for any Corporate Stock to be pledged? ☐ Yes ☒ No

If yes, identify to whom and identify the number of shares to be pledged. \_\_\_\_\_

## OWNERSHIP INTERESTS

14. State the following information for all persons or entities who will have any direct or indirect beneficial or financial interest in this license:

Full Name	Home Address	D.O.B.	SSN	Phone Number
<i>Geraldo Miranda</i>	<i>60 Prospect Street Acron MA</i>	<i>10/25/64</i>	<i>978 430 1964</i>	<i>978 430 1964</i>

14a. Describe all types of beneficial or financial interest each person or entity identified in Question 14 will have in this license:

Person or Entity	Beneficial or Financial Interest
<i>Geraldo Miranda</i>	<i>Owner / operator Restaurant</i>

14b. Does any person or entity listed in Question 14 have any direct or indirect beneficial or financial interest in any other license granted under Chapter 138?

☐ Yes ☒ No (If yes, provide the following for each person or entity.)

Name	Type of License	License Name and Address	Description of Interest

14c. Has any person or entity named in Question 14 ever held a license or a beneficial interest in a license issued under Chapter 138 which is not presently held? ☐ Yes ☐ No (If yes, provide the following for each person or entity.)

Name	Type of License	License Name and Address	Date ownership surrendered
Gerald Miranda	Alcohol Beverage	47 Beacon St Framingham	Jan 09
		Cantina Inc DBA Cerro de Boi	

14d. Describe how all licenses identified in Question 14c were terminated (e.g. transfer of ownership, non-renewal, surrender, etc.):

Date	License	Reason why the License was Terminated
Jan 1, 2009	Alcohol Beverage	Surrender - Closed Restaurant

14e. Has any person or entity named in Question 14 ever had a license suspended, revoked, or cancelled? ☐ Yes ☒ No (If yes, provide the following information):

Date	License	Reason why the License was suspended, revoked, or cancelled

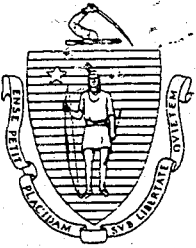
14f. Has any person or entity named in Question 14 ever been convicted of violating any state, federal or military law? ☒ Yes ☐ No (If yes, attach a statement of details.) 2005 - DOMESTIC DISPUTE

15. a. Each Individual Applicant must sign.  
b. Applications by a Partnership must be signed by a majority of the partners.  
c. Applications by a Corporation must be signed by an officer authorized by a vote of the corporations Board of Directors.  
d. Applications by an Association must be signed by a majority of the members of the governing body. All signers must have answered question 10.  
e. False information or failure to disclose are reasons to revoke a license or deny a license application.

Signed and subscribed to under the penalty of perjury, this twenty-fourth day of April, 192009.

By: Signature of Full Name  
[Signature]  
[Signature]  
[Signature]  
[Signature]

Title  
Pres  
VPAS  
Treas  
Sec/Clerk



The Commonwealth of Massachusetts  
The Alcoholic Beverages Control Commission  
239 Causeway Street, Suite 200  
Boston, MA 02114

Telephone: 617-727-3040  
FAX: 617-727-1258

**FORM A**  
**LICENSEE PERSONAL INFORMATION SHEET**

THIS FORM MUST BE COMPLETED FOR EACH:

- \_\_\_\_\_ A. NEW LICENSE APPLICANT
- \_\_\_\_\_ B. APPOINTMENT OR CHANGE OF MANAGER  
IN A CORPORATION
- X C. TRANSFER OF LICENSE (RETAIL ONLY-SEC. 12 & SEC. 15)

(Please check which transaction is the subject of an application accompanying this Form A.)

PLEASE TYPE OR PRINT ALL INFORMATION

ALL QUESTIONS MUST BE ANSWERED AND TELEPHONE NUMBERS PROVIDED OR  
APPLICATION WILL NOT BE ACCEPTED.

1. LICENSEE NAME TRACONTO INC DBA Daniellas Cantina  
(NAME AS IT WILL APPEAR ON THE LICENSE)
2. NAME OF (PROPOSED) MANAGER Geraldo Miranda
3. SOCIAL SECURITY NUMBER \_\_\_\_\_
4. HOME (STREET) ADDRESS 60 Prospect Street Acton MA
5. AREA CODE AND TELEPHONE NUMBER (S): (Give both, your home telephone and a number at which you can be reached during the day).  
DAY TIME # 978 430 1964 HOME# 978 263 9741
6. PLACE OF BIRTH: Virginopolis Brazil 7. DATE OF BIRTH: 10/25/1964
8. REGISTERED VOTER: \_\_\_\_\_ YES X NO 8A. WHERE?: \_\_\_\_\_
9. ARE YOU A U. S. CITIZEN: X YES \_\_\_\_\_ NO
10. COURT AND DATE OF NATURALIZATION (IF APPLICABLE): JULY 27, 2005 Boston MA  
(Submit proof of citizenship and/or naturalization such as Voter's Certificate, Birth Certificate or Naturalization Papers)

(Over)

11. FATHER'S NAME: Odilon Alves Miranda 12. MOTHER'S MAIDEN NAME: Maria Efigenia Costa Miranda
13. IDENTIFY YOUR CRIMINAL RECORD, (Massachusetts, Military, any other State or Federal): ANY OTHER ARREST OR APPEARANCE IN CRIMINAL COURT CHARGED WITH A CRIMINAL OFFENSE REGARDLESS OF FINAL DISPOSITION:  
✓ YES        NO (MUST CHECK EITHER YES OR NO)

IF YES, PLEASE DESCRIBE OFFENSE (S) SPECIFIC CHARGE AND DISPOSITION (FINE, PENALTY, ETC.)

2005 - Acton Domestic Disturbance (spousal)

14. PRIOR EXPERIENCE IN THE LIQUOR INDUSTRY:   X   YES        NO  
IF YES, PLEASE DESCRIBE:

Daniella's Cantina 208 B Main St Acton - 10 years Mexican Restaurant

15. FINANCIAL INTEREST, DIRECT OR INDIRECT, IN THIS OR ANY OTHER LIQUOR LICENSE, PERMIT OR CERTIFICATE:   X   YES        NO

IF YES, PLEASE DESCRIBE: owner / operator

16. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address and if known, Telephone Numbers):

Daniella's Cantina 208 B Main St Acton MA

17. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES: 50-60

18. I HEREBY SWEAR THAT UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BY:

[Signature]  
PROPOSED MANAGER SIGNATURE

DATE

4-21-09

# PETITION FOR LICENSE TRANSACTION

THE COMMONWEALTH OF MASSACHUSETTS

April 2009

☒ CHANGE OF LOCATION

☐ PLEDGE OF STOCK

☐ PLEDGE OF LICENSE

☐ CHANGE OF CORPORATE NAME

☐ CHANGE OF D/B/A

☐ CHANGE OF MANAGER

☐ CHANGE OF LICENSE TYPE

☐ CORDIALS AND LIQUEURS PERMIT

To the

**Licensing Board for the**

The undersigned respectfully petition for

To change location from existing restaurant  
Tracorito, INC DBA Daniellas Cantina - Mexican Restaurant  
208 B Main St Acton MA (All Alcohol license)

To New Location:  
Tracorito INC, DBA Daniellas Cantina  
5 Nagog Park, 103 Nagog Square - Mexican Restaurant

[Signature]  
Signed

President  
Title

CERTIFICATE OF CORPORATE VOTE


April 16, 2009

This is to certify that at a special meeting of the Board of Directors of the Corporation, Tracorito, Inc. held at the offices of the Corporation located at 60 Prospect Street Acton, MA on April 16, 2009, at 9:00 A.M, all the Officers, Geraldo Miranda being present and voting, it was unanimously voted to transfer the All alcoholic beverage license from its current location, 208B Main Street Acton MA to a new location at 5 Nagog Park, unit 103 Nagog Square Acton MA.

VOTED: unanimously

A TRUE COPY

ATTEST:

 clerk  
Secretary/Clerk

## **POLICIES AND PROCEDURES CUSTOMER SERVICE/EMPLOYEE RESPONSIBILITIES**

All employees are required to adhere to the following policies. Failure to do so will result in immediate dismissal. Errors in the following policy, which lead to accident, injury or material damage could result in loss of liquor license, and/or prosecution of the employee and management.

1. Any person who appears to be under the age of 30 must present valid ID. A Massachusetts driver's license, liquor ID, passport, or active military ID are the only acceptable forms of identification.

Ask customer to remove ID from wallet.

Determine validity by:

- a. Checking birth date
- b. Checking expiration date
- c. Compare photo with customer
- d. Examine lamination (torn, frayed, or damaged)
- e. Look at composition of ID (does it confirm to ID Book)
- f. Compare signature with ID signature
- g. Hold flashlight to back of ID to illuminate cuts or abrasions

Communicate with the Customer by asking questions such as:

- a. Street address
- b. Year he/she graduated from High School
- c. Astrological sign
- d. Social Security Number

If you still have reservations, request a second form of ID

**IF YOU STILL HAVE DOUBTS, Don't Serve!!**

2. If an underage person accompanies the customer, other than a family member, assume the purchase is being made for the underage party, and decline the sale. Do not allow any underage persons to handle alcohol while on the premises and do not allow under age persons to sit at the bar. Underage persons may sit in the lounge if they are accompanied by an adult family member. Monitor underage persons in the lounge to insure they are not being served by others.

3. Do not allow any customer to bring containers of alcoholic beverages into the lounge. Should this happen, confiscate the beverage and dispose of in the sink.

4. Monitor the consumption of beverages by persons on the premises and do not sell alcohol to an intoxicated person. Behavioral cues to identify intoxication are:

Loss of inhibitions, such as being over talkative, overly relaxed or overly friendly, loud behavior, mood swings.

Exhibiting poor judgment, behaving inappropriately, using foul language, and telling off color jokes.

Glassy, unfocused eyes, moving very slowly, forgetting things, losing train of thought, slurred speech.

Stumbling, swaying dropping belongings or having trouble handling items.

5. Document any outstanding incidents immediately and thoroughly. Documentation should include date and time, how you handled the situation, and the actions of the customer **(forms attached to this document)**.

---

Employee Name

Date

I have received instruction from store management and understand the policies and procedures of customer service/employee responsibilities. I have also received a copy of these procedures for my own records.

---

Employee signature

Date

---

Manager Signature

Date

**Forms Attached to this policy:**

Refusal of Service Report  
Shut-Off Report

3/11/08



## SHUT-OFF REPORT

Date: \_\_\_\_\_

Name of establishment \_\_\_\_\_

Name of customer \_\_\_\_\_

Id presented by customer (check one) drivers license ☐ passport ☐ non  
drivers license/state or federally issued Id ☐ Military ☐ Other (name)  
\_\_\_\_\_ Id number \_\_\_\_\_

Time of the day/night customer came into establishment \_\_\_\_\_

Time of shut-off \_\_\_\_\_

Reason for shut-off: \_\_\_\_\_

Steps taken: \_\_\_\_\_

Manager notified: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Manager on duty: \_\_\_\_\_

## REFUSAL OF SERVICE REPORT

This report is to be used **ONLY** when a person comes into the establishment and you refuse to serve them any alcohol. This is not a shut-off report.

**LOCATION:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**Report written by:** \_\_\_\_\_ **TIME:** \_\_\_\_\_  
**Name of Patron:** \_\_\_\_\_  
**Address of patron:** \_\_\_\_\_  
**Description/Observation of patron:** Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
**Clothing worn by patron:** Check off if known  
**Shirt type:** Long sleeve \_\_\_\_\_ Short sleeve \_\_\_\_\_ **Color of shirt** \_\_\_\_\_ **Type of shirt**  
i.e.) dress shirt, polo shirt, tee shirt, blouse \_\_\_\_\_  
**Pants type:** Long \_\_\_\_\_ Shorts \_\_\_\_\_ Capri's \_\_\_\_\_ Other \_\_\_\_\_  
**Color of pants:** \_\_\_\_\_ **Belt worn?** Y \_\_\_ N \_\_\_ Unknown \_\_\_  
**Socks and shoes if known:** \_\_\_\_\_  
**Condition of clothes:** (please check) disorderly \_\_\_ soiled \_\_\_ orderly \_\_\_ torn \_\_\_  
**Breath (alcohol odor)** strong \_\_\_ Moderate \_\_\_ Faint \_\_\_ None \_\_\_  
**Attitude:** polite \_\_\_ hilarious \_\_\_ talkative \_\_\_ carefree \_\_\_ sleepy \_\_\_ cocky \_\_\_  
combative \_\_\_ indifferent \_\_\_ insulting \_\_\_ [profane \_\_\_ cooperative \_\_\_ Other \_\_\_\_\_  
**Unusual action:** Belching \_\_\_ Vomiting \_\_\_ Fighting \_\_\_ Crying \_\_\_ Laughing \_\_\_  
hiccupping \_\_\_ Other \_\_\_\_\_  
**Speech:** Not understandable \_\_\_ mumbled \_\_\_ slurred \_\_\_ confused \_\_\_ thick-tongued  
\_\_\_ accent \_\_\_ understandable \_\_\_ Other \_\_\_\_\_  
**Eyes:** bloodshot \_\_\_ watery \_\_\_ glassy \_\_\_ fine \_\_\_ other \_\_\_\_\_  
**Complexion:** flushed \_\_\_ pale \_\_\_ other \_\_\_\_\_

Indicate other unusual actions or statements, including when they were first observed:

### STEPS TAKEN:

Patron's actions & comments on steps taken:

Refused the sale of alcohol \_\_\_\_\_  
Offered non-alcoholic beverage \_\_\_\_\_  
Offered food \_\_\_\_\_  
Offered to call another party \_\_\_\_\_  
Suggested /called a cab \_\_\_\_\_  
Was patron alone? \_\_\_\_\_

Did the patron drive? \_\_\_\_\_

The facts recorded above are true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_